

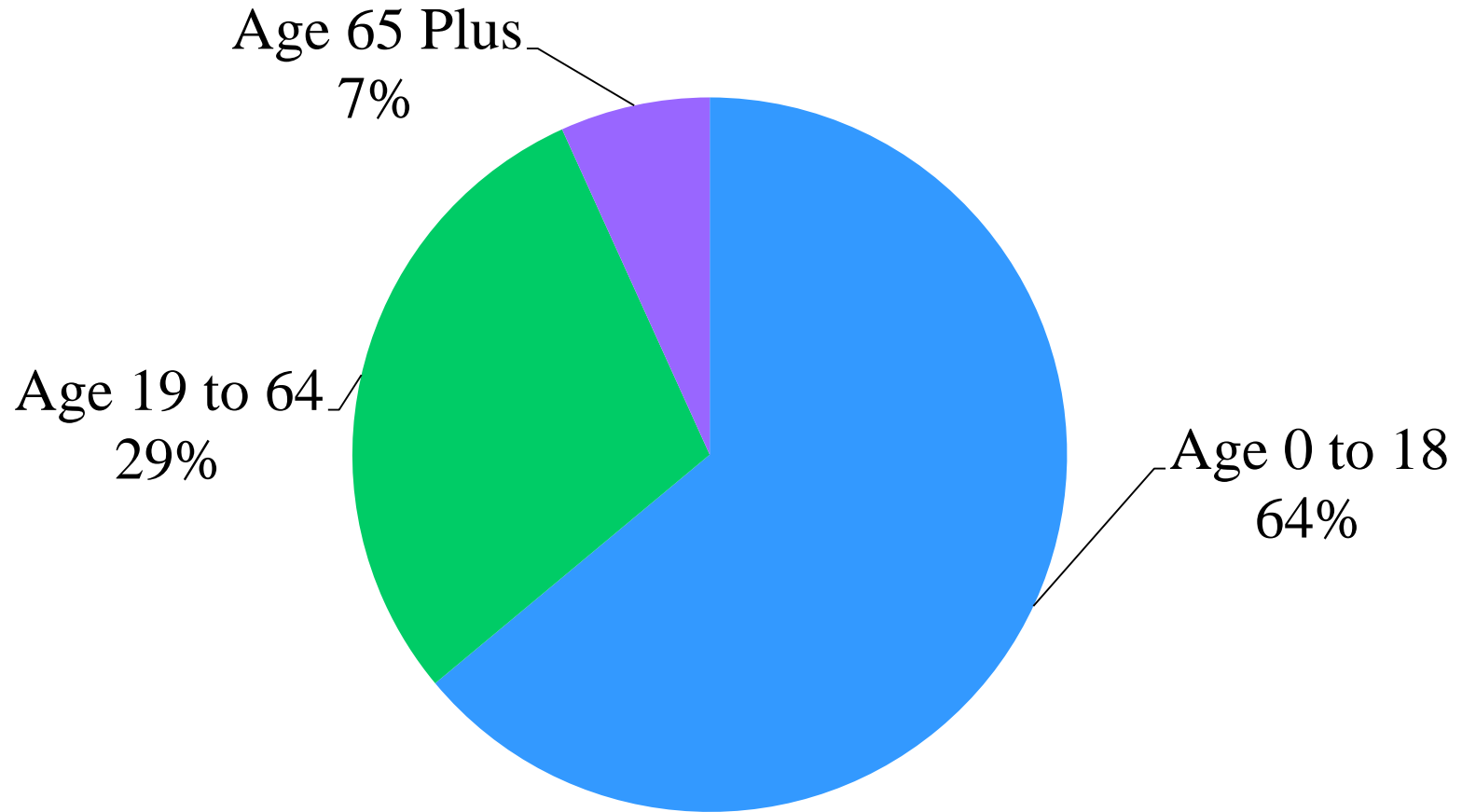
Access Review Monitoring Plan for Fee-For-Service Services.

- Final Rule re: access monitoring January 4, 2016.
- Review every three years minimum; remediation of issues.
- Requires MCAC input.
 - The initial review was distributed to members in May.
 - Members participated on project work group.
- Limited to Fee-For-Service Services, including:
 - Primary Care Services.
 - Physician Specialist Services.
 - Pre- and Post- Natal Obstetric Services.
 - Home Health Services.

6-Month Turn-Around

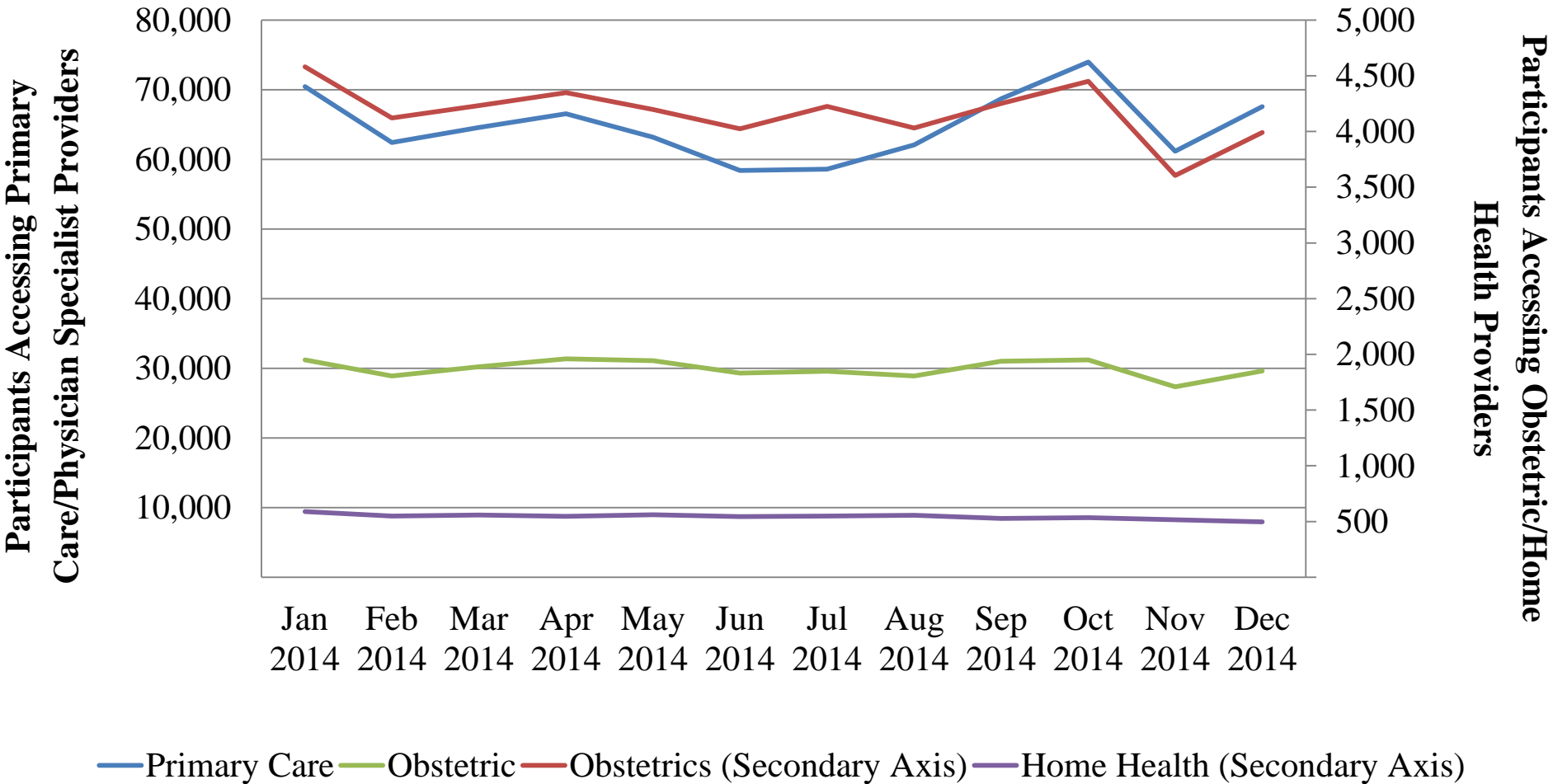
- CMS provided a plan sample.
 - Defines access for consistency across states.
 - Creates a baseline to monitor trends.
 - Due date to CMS was extended from July 1 – Oct. 1, 2016.
- Next Steps:
 - Post review on the DHW web-site.
 - Provide 30-day public comment period.
 - Scheduled for August 15 through September 23.
 - Due to CMS by October 1.
- Findings: Kara Tarter, Research Analyst

Figure 3: Idaho Medicaid Beneficiary Population by Age, 2014



Includes individuals with eligibility for Idaho Medicaid at any point during CY2014, including Medicare beneficiaries for whom Idaho Medicaid pays premiums, deductibles, and copays/coinsurance. Total beneficiary population: 342,796. Age group defined by member's age on 12/31/2014.

Figure 6: Idaho Medicaid Beneficiaries Accessing Services, 2014



Includes individuals who ever accessed care by the service groups. Each participant is only counted once for a given month and service group, regardless of the number of times they accessed care during the month. A participant may have accessed care during more than one month of 2014 and will be counted in each month they received care. Provider groups were defined using the Idaho Medicaid provider specialty on the claim. Total Idaho Medicaid beneficiary population: 342,796.

Table 1: Utilization and Net Payment for Idaho Medicaid Members Compared to Other Medicaid and Private Payer Organizations, 2014.

Age Group	Beneficiaries Accessing Medical Care per 1,000 Total Beneficiaries with Medical Coverage			Average Net Payment for Medical Services per Beneficiary per Year		
	Idaho Medicaid	Medicaid Benchmark	U.S. Total Benchmark	Idaho Medicaid	Medicaid Benchmark	U.S. Total Benchmark
0-18	819.1	771.3	755.3	\$1,827.34	\$3,611.99	\$2,095.25
19-64	775.0	705.9	713.8	\$7,036.07	\$9,142.79	\$3,433.03
65 Plus	709.9	465.7	770.4	\$9,620.07	\$10,012.55	\$3,455.30

The variance in benchmarks for the 65 plus population is likely due to Medicare being the primary payer for this population. Medicare is not included in the Truven benchmark measures. Additionally, there is large variance in services covered by insurance plans for this population.

Questions or Comments?